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## Estimated Member Month Calculations

## State of Ohio - Conversion Renewal

## Enrollment Projections for the Time Period July 1, 2003 - June 30, 2005 (State Fiscal Year 2004 and 2005)

Medicaid Eligibility Group (MEG)	All Regions											
	Base Year (BY)	Projected Quarter 1	Projected Quarter 2	Projected Quarter 3	Projected Quarter 4	Projected Year 1	Projected Quarter 5	Projected Quarter 6	Projected Quarter 7	Projected Quarter 8	Projected Year 2	Total Projected
	SFY2002	7/1/03-9/30/03	10/1/03-12/31/03	1/1/04-3/31/04	4/1/04-6/30/04	(P1)	7/1/04-9/30/04	10/1/04-12/31/04	1/1/05-3/31/05	4/1/05-6/30/05	(P2)	(H+M)
Title XIX	3,656,614	1,255,879	1,297,551	1,346,396	1,399,169	5,298,996	1,451,426	1,499,290	1,549,907	1,601,114	6,101,738	11,400,734
SCHIP	375,760	141,576	149,294	157,055	163,201	611,126	170,775	179,155	186,452	192,829	729,211	1,340,337
<b>Total Member Months</b>	<b>4,032,374</b>	<b>1,397,456</b>	<b>1,446,845</b>	<b>1,503,451</b>	<b>1,562,371</b>	<b>5,910,122</b>	<b>1,622,201</b>	<b>1,678,445</b>	<b>1,736,359</b>	<b>1,793,943</b>	<b>6,830,949</b>	<b>12,741,071</b>
<b>Quarterly % Increase</b>			3.5%	3.9%	3.9%		3.8%	3.5%	3.5%	3.3%		
<b>Annualized % Increase Base Year to Year 1 to Year 2</b>						21.1%					15.6%	

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**Services in Actual Waiver Cost (Comprehensive and Expedited)**

**State of Ohio**

**Base Year Conversion Renewal**

**Instructions:** Modify columns as applicable to the waiver entity type and structure to note services in different MEGs.

\* Please note with a \* if there are any proposed changes.

Service Category	State Plan Services		All MEGs		All MEGs		
	State Plan Approved Services	1915(b)(3) Services	MCO Capitated Reimbursement	FFS services Impacted by MCO	PCCM Fee-for Service Reimbursement	PIHP Capitated Reimbursement	PIHP Fee-for Service Reimbursement
Ambulance/Ambulette	X		X				
Chiropractor*	X		X				
Dental	X		X				
Detoxification - ODADAS Services**	X			X			
Detoxification - Other Services**	X		X				
DME	X		X				
Emergency Services	X		X				
EPSDT	X		X				
Family Planning Services	X		X				
Federally Qualified Health Center Services	X		X				
Freestanding Psych Hospital**	X			X			
Home Health	X		X				
Hospice**	X		X				
Immunizations	X		X				
Inpatient Hospital - Other	X		X				
Inpatient Hospital - Psych**	X		X				
Lab and X-ray	X		X				
Mental Health - Community Mental Health Centers**	X			X			
Mental Health - Other Services**	X		X				
Nurse Practitioner	X		X				
Nurse-midwife	X		X				
Nursing Facility**	X		X				
Obstetrical Services	X		X				
Occupational Therapy	X		X				
Other Outpatient Services**	X		X				
Other Psych Practitioner	X		X				
Outpatient Hospital - All Other	X		X				
Outpatient Hospital - Lab & X-ray	X		X				
Pharmacy	X		X				
Physical Therapy	X		X				
Physician	X		X				
Podiatry	X		X				
Private Duty Nursing	X		X				
Prof. & Clinic & Other Lab & X-ray	X		X				
Psychologist*	X		X				
Rehabilitation Treatment Services	X		X				
Respiratory Care	X		X				
Rural Health Clinic	X		X				
Speech Therapy	X		X				
Substance Abuse Treatment - ODADAS Services**	X			X			
Substance Abuse Treatment - Other Services**	X		X				
Testing for Sexually Transmitted Disease (STDs)	X		X				
Transportation - Emergency	X		X				
Vision Exams and Glasses	X		X				

\* Effective January 1, 2004, Ohio Medicaid will not cover independent psychologist and chiropractic services for adults.

\*\* Refer to Section A for additional information.

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### Administration in Actual Waiver Cost (Comprehensive and Expedited)

State of Ohio

### Base Year Conversion Renewal Waiver

**Instructions:** Modify columns as applicable to the waiver entity type and structure to note administration in different MEGs, etc.

CMS line Item	CMS Explanation	Contract	Match Rate	BY Expenses
2A	Design Development or Installation of MMIS: Cost		90% FFP	12,198
	In-House Activities			
3	Skilled Professional Medical Personnel		75% FFP	44,079
4A	Operation of an Approved MMIS: Costs of In-House Activities Plus State Agencies and Institutions		75% FFP	1,993,984
5A	Mechanized Systems, Not Approved Under MMIS		50% FFP	4,442,046
	Procedures: Costs of In-House Activities			
6	Peer Review Organizations	ECORD De Marva	75% FFP	1,900,184
18	Enrollment Brokers	Automated Health	50% FFP	1,549,703
19	Other Financial Participation	Actuary Mercer	50% FFP	903,829
19	Other Financial Participation		50% FFP	6,834,967
CMS 21 Waiver / Line 27	BOH P Admin		71.46% FFP	792,646
	Total			17,072,977

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**Actual Waiver Cost Conversion Renewal Comprehensive Version**  
**State of Ohio**

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Medicaid Eligibility Group  (MEG)	Base Year  Member Months	Base Year (BY) Aggregate Costs						
		MCO/PIHP Capitated Costs (Including incentives and risksharing payouts/withholds) or PCCM Case Management Fees	Fee-for-Service Costs	State Plan Service Costs (D+E)	FFS Incentive Costs (not included in capitation rates, provide documentation)	1915(b)(3) service costs (provide documentation)	Administration Costs (Attach list using CMS 64.10 Waiver schedule categories)	Total Actual Waiver Costs (F+G+H+I)
Title XIX	3,656,614	\$ 576,473,308	\$ 47,652,553	\$ 624,125,861	\$ -	\$ -	\$ 16,280,331	\$ 640,406,192
SCHIP	375,760	\$ 33,675,271	\$ 6,872,291	\$ 40,547,562	\$ -	\$ -	\$ 792,646	\$ 41,340,207
Total	4,032,374	\$ 610,148,579	\$ 54,524,843	\$ 664,673,422	\$ -	\$ -	\$ 17,072,977	\$ 681,746,399
BY Overall Casemix for BY (BY MMs)								

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**Actual Waiver Cost Conversion Renewal Comprehensive Version**  
**State of Ohio**

7	Medicaid Eligibility Group  (MEG)	Base Year  Member Months	Base Year (BY) Per Member Per Month (PMPM) Costs					
8								
9								
10								
11								
12								
13	Title XIX	3,656,614	\$ 170.68	\$ -	\$ -	\$ 4.45	\$ 175.14	
14	SCHIP	375,760	\$ 107.91	\$ -	\$ -	\$ 2.11	\$ 110.02	
15	Total	4,032,374						
16	BY Overall Casemix for BY (BY MMs)		\$ 164.83	\$ -	\$ -	\$ 4.23	\$ 169.07	

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**Adjustments and Services in Waiver Cost Projection (Comprehensive and Expedited)**

**State of Ohio**

**Prospective Years 1 and 2 (P1 and P2)**

**Conversion Renewal**

**\* If a change please note**

Adjustments to the Waiver Cost Projection	Adjustments Made	Location of Adjustment
State Plan Trend	X	Tab: D5; Column: J; Row: 13-16, 28-31
State Plan Programmatic/policy/pricing changes	X	Tab: D5; Column: L; Row: 13-16, 28-31
Administrative Cost Adjustment	X	Tab: D5; Column: Y; Row 13-16, 28-31
1915(b)(3) service Trend		
Incentives (not in cap payment) Adjustments		
Other		

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B C D E F G H I J K L M N O

Waiver Cost Projection Conversion Renewal Comprehensive Version  
State of Ohio  
Note: Complete this Appendix for all Prospective Years  
Waiver Cost Projection

Medicaid Eligibility Group (MEG)	Base Year (BY) Member Months	Base Year Per Member Per Month (PMPM) Costs					Prospective Year 1 (P1) Projection for State Plan Services**						
		State Plan Service Costs*	Incentive Costs*	1915(b)(3) Service Costs*	Administration Costs*	Total Actual Waiver Costs*	Base Year PMPM State Plan Service Costs* (Same as D13-D14)	State Plan Inflation Adjustment (Annual Year 1) (Preprint Explains)	PMPM Effect of Inflation Adjustment (IxJ)	Program Adjustment Benefit Reduction Selection (Preprint Explains)	PMPM Effect of Program Adjustment ((I+K)xL)	Aggregate PMPM Effect of State Plan Service Adj. (K+M)	Total P1 PMPM State Plan Service Cost Projection (I+N)
Title XIX	3,656,614	\$ 170.68	\$ -	\$ -	\$ 4.45	\$ 175.14	\$ 170.68	8.4%	\$ 14.37	0.7%	\$ 1.27	\$ 15.65	\$ 186.33
SCHIP	375,760	\$ 107.91	\$ -	\$ -	\$ 2.11	\$ 110.02	\$ 107.91	8.4%	\$ 9.09	0.7%	\$ 0.81	\$ 9.89	\$ 117.80
Total	4,032,374												
P1 PMPM Casemix for BY (BY MMs)		\$ 164.83	\$ -	\$ -	\$ 4.23	\$ 169.07	\$ 164.83	8.4%	\$ 13.88	0.7%	\$ 1.23	\$ 15.11	\$ 179.95

\* For comprehensive waivers, Columns D, E, F, G and H are columns K, L, M, N, and O from the Actual Waiver Cost Spreadsheet D3. For expedited waivers, sum the CMS-64.9 WAV and 64.21UWAV forms and divide by the member months for column D.  
Sum the CMS 64.10 WAV forms and divide by the member months for Column G. Sum D+G for Column H.  
\*\* If additional columns are needed in order to identify all of the adjustments being made, please insert the appropriate number of columns and label them accordingly.

Medicaid Eligibility Group (MEG)	Base Year (BY) Member Months	P1 Per Member Per Month (PMPM) Costs					Prospective Year 2 (P2) Projection for State Plan Services**						
		P1 PMPM State Plan Service Costs (same as O13-O14)	P1 PMPM Incentive Service Costs (same as S13-S14)	P1 PMPM 1915(b)(3) Service Costs (same as W13-W14)	P1 PMPM Administration Service Costs (same as AA13-AA14)	P1 PMPM Total Actual Waiver Costs (same as AB13-AB14)	P1 PMPM State Plan Service Cost Projection (Same as D28-D29)	State Plan Inflation Adjustment (Annual Year 2) (Preprint Explains)	PMPM Effect of Inflation Adjustment (IxJ)	Program Adjustment Benefit Reduction Selection (Preprint Explains)	PMPM Effect of Program Adjustment ((I+K)xL)	Aggregate PMPM Effect of State Plan Service Adj. (K+M)	Total P2 PMPM State Plan Service Cost Projection (I+N)
Title XIX	3,656,614	\$ 186.33	\$ -	\$ -	\$ 4.83	\$ 191.17	\$ 186.33	4.4%	\$ 8.22	0.2%	\$ 0.37	\$ 8.60	194.93
SCHIP	375,760	\$ 117.80	\$ -	\$ -	\$ 2.29	\$ 120.09	\$ 117.80	4.4%	\$ 5.20	0.2%	\$ 0.24	\$ 5.43	123.23
Total	4,032,374												
P2 PMPM Casemix for BY (BY MMs)		\$ 179.95	\$ -	\$ -	\$ 4.60	\$ 184.54	\$ 179.95	4.4%	\$ 7.94	0.2%	\$ 0.36	\$ 8.30	188.25

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B P Q R S T U V W X Y Z AA AB

Actual Waiver Cost Conversion Renewal Comprehensive Version  
State of Ohio  
Note: Complete this Appendix for all Prospective Years  
Waiver Cost Projection

Medicaid Eligibility Group (MEG)	P1 Projection for Incentive Costs not Included in Capitation Rates**				P1 Projection for 1915(b)(3) Service Costs**				P1 Projection for Administration Costs**				Total P1 PMPM Projected Waiver Costs (O+S+W+AA)
	Base Year PMPM Incentive Costs* (Same as E13-E14)	Incentive Cost Inflation Adjustment (Annual Year 1) (Preprint Explains)	PMPM Effect of Inflation Adjustment (PxQ)	Total P1 PMPM Incentive Cost Projection	Base Year PMPM 1915(b)(3) Service Costs* (Same as F13-F14)	1915(b)(3) Service Costs Inflation Adjustment (Annual Year 1) (Preprint Explains)	PMPM Effect of Inflation Adjustment (TxU)	Total P1 PMPM 1915(b)(3) Service Cost Projection (T+V)	Base Year PMPM Administration Costs* (Same as G13-G14)	Administration Costs Inflation Adjustment (Annual Year 1) (Preprint Explains)	PMPM Effect of Inflation Adjustment (XxY)	Total P1 PMPM Administration Cost Projection (X+Z)	
Title XIX	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	\$ 4.45	8.6%	\$ 0.38	\$ 4.83	\$ 191.17
SCHIP	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	\$ 2.11	8.6%	\$ 0.18	\$ 2.29	\$ 120.09
Total													
P1 PMPM Casemix for BY (BY MMs)	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	\$ 4.23	8.6%	\$ 0.36	\$ 4.60	\$ 184.54

Medicaid Eligibility Group (MEG)	P2 Projection for Incentive Costs not Included in Capitation Rates**				P2 Projection for 1915(b)(3) Service Costs**				P2 Projection for Administration Costs**				Total P2 PMPM Projected Waiver Costs (O+S+W+AA)
	P1 PMPM Incentive Cost Projection (Same as E28-E29)	Incentive Cost Inflation Adjustment (Annual Year 1) (Preprint Explains)	PMPM Effect of Inflation Adjustment (PxQ)	Total P2 PMPM Incentive Cost Projection (P+R)	P1 PMPM 1915(b)(3) Service Cost Projection (Same as F28-F29)	1915(b)(3) Service Costs Inflation Adjustment (Annual Year 1) (Preprint Explains)	PMPM Effect of Inflation Adjustment (TxU)	Total P2 PMPM 1915(b)(3) Service Cost Projection (T+V)	P1 PMPM Administration Cost Projection (Same as G28-G29)	Administration Costs Inflation Adjustment (Annual Year 2)	PMPM Effect of Inflation Adjustment (XxY)	Total P2 PMPM Administration Cost Projection (X+Z)	
Title XIX	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	\$ 4.83	4.4%	\$ 0.21	\$ 5.05	\$ 199.97
SCHIP	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	\$ 2.29	4.4%	\$ 0.10	\$ 2.39	\$ 125.63
Total													
P2 PMPM Casemix for BY (BY MMs)	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	\$ 4.60	4.4%	\$ 0.20	\$ 4.80	\$ 193.05

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Quarterly CMS Targets for RO Monitoring  
State of Ohio

Projection for Upcoming Waiver Period

Projected Year 1

Medicaid Eligibility Group (MEG)	Total Projected Year 1 Member Months (P1)	P1 Projected PMPM Costs (Totals weighted on Projected Year 1 Member Months)					Total PMPM Projected Service Costs (Column H-G)
		Total PMPM State Plan Service Cost Projection	Total PMPM Incentive Cost Projection	Total PMPM 1915(b)(3) Service Cost Projection	Total PMPM Administration Cost Projection	Total PMPM Projected Waiver Costs	
Title XIX	5,298,996	\$ 186.33	\$ -	\$ -	\$ 4.83	\$ 191.17	\$ 186.33
SCHIP	611,126	\$ 117.80	\$ -	\$ -	\$ 2.29	\$ 120.09	\$ 117.80
<b>Total</b>	<b>5,910,122</b>						
<b>P1 PMPM Casemix for BY (BY MM)</b>		<b>\$ 179.25</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 4.57</b>	<b>\$ 183.82</b>	

Medicaid Eligibility Group (MEG)	Q1 Quarterly Projected Costs			Q2 Quarterly Projected Costs			Q3 Quarterly Projected Costs			Q4 Quarterly Projected Costs			Total P1 Projected Waiver Costs
	Member Months Projections	64.9WAV/64.21UWAV Service Costs include incentives	64.10 WAV Administration Costs	Member Months Projections	64.9WAV/64.21UWAV Service Costs include incentives	64.10 WAV Administration Costs	Member Months Projections	64.9WAV/64.21UWAV Service Costs include incentives	64.10 WAV Administration Costs	Member Months Projections	64.9WAV/64.21UWAV Service Costs include incentives	64.10 WAV Administration Costs	
Title XIX	1,255,879		\$ 6,070,042.95	1,297,551		\$ 6,271,454.84	1,346,396		\$ 6,507,536.59	1,399,169		\$ 6,762,605.58	\$ 1,012,983,213.97
SCHIP	141,576		\$ 324,204.06	149,294		\$ 341,876.76	157,055		\$ 359,650.09	163,201		\$ 373,724.98	\$ 73,390,609.21
<b>Total</b>	<b>1,397,456</b>	<b>\$ 250,688,096.99</b>		<b>1,446,845</b>	<b>\$ 259,361,985.66</b>		<b>1,503,451</b>	<b>\$ 269,377,632.35</b>		<b>1,562,371</b>	<b>\$ 279,935,012.34</b>		<b>\$ 1,086,373,823.18</b>

Projected Year 2

Medicaid Eligibility Group (MEG)	Total Projected Year 2 Member Months (P2)	P2 Projected PMPM Costs (Totals weighted on Projected Year 2 Member Months)					Total PMPM Projected Service Costs (Column H-G)
		Total PMPM State Plan Service Cost Projection	Total PMPM Incentive Cost Projection	Total PMPM 1915(b)(3) Service Cost Projection	Total PMPM Administration Cost Projection	Total PMPM Projected Waiver Costs	
Title XIX	6,101,738	\$ 194.93	\$ -	\$ -	\$ 5.05	\$ 199.97	\$ 194.93
SCHIP	729,211	\$ 123.23	\$ -	\$ -	\$ 2.39	\$ 125.63	\$ 123.23
<b>Total</b>	<b>6,830,949</b>						
<b>P2 PMPM Casemix for BY (BY MM)</b>		<b>\$ 187.27</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 4.76</b>	<b>\$ 192.04</b>	

Medicaid Eligibility Group (MEG)	Q5 Quarterly Projected Costs			Q6 Quarterly Projected Costs			Q7 Quarterly Projected Costs			Q8 Quarterly Projected Costs			Total P2 Projected Waiver Costs
	Member Months Projections	64.9WAV/64.21UWAV Service Costs include incentives	64.10 WAV Administration Costs	Member Months Projections	64.9WAV/64.21UWAV Service Costs include incentives	64.10 WAV Administration Costs	Member Months Projections	64.9WAV/64.21UWAV Service Costs include incentives	64.10 WAV Administration Costs	Member Months Projections	64.9WAV/64.21UWAV Service Costs include incentives	64.10 WAV Administration Costs	
Title XIX	1,451,426		\$ 7,324,722.85	1,499,290		\$ 7,566,269.78	1,549,907		\$ 7,821,712.64	1,601,114		\$ 8,080,133.83	\$ 1,220,185,967.64
SCHIP	170,775		\$ 408,323.69	179,155		\$ 428,361.12	186,452		\$ 445,808.45	192,829		\$ 461,054.29	\$ 91,607,635.63
<b>Total</b>	<b>1,622,201</b>	<b>\$ 303,967,496.69</b>		<b>1,678,445</b>	<b>\$ 314,330,150.04</b>		<b>1,736,359</b>	<b>\$ 325,096,045.69</b>		<b>1,793,943</b>	<b>\$ 335,863,514.21</b>		<b>\$ 1,311,793,593.28</b>

P Q R S T U

**Quarterly CMS Targets for RO CMS-64 Review Renewal  
State of Ohio**

Projection for Upcoming Waiver Period

Projections for RO CMS-64 Certification - Aggregate Cost

Projected Year 1 - July 1, 2003 - June 30, 2004

Waiver Form	Medicaid Eligibility Group (MEG)	Q1 Quarterly Projected Costs Start 7/1/2003	Q2 Quarterly Projected Costs Start 10/1/2003	Q3 Quarterly Projected Costs Start 1/1/2004	Q4 Quarterly Projected Costs Start 4/1/2004
64.9 Waiver Form	Title XIX	\$ 234,010,312.21	\$ 241,775,077.53	\$ 250,876,423.93	\$ 260,709,760.35
64.21U Waiver Form	SCHIP	\$ 16,677,784.77	\$ 17,586,908.13	\$ 18,501,208.43	\$ 19,225,251.99
64.10 Waiver Form/21 Waiver Form		\$ 6,394,247.01	\$ 6,613,331.60	\$ 6,867,186.68	\$ 7,136,330.55

Projected Year 2 - July 1, 2004- June 30, 2005

Waiver Form	Medicaid Eligibility Group (MEG)	Q5 Quarterly Projected Costs Start 7/1/2004	Q6 Quarterly Projected Costs Start 10/1/2004	Q7 Quarterly Projected Costs Start 1/1/2005	Q8 Quarterly Projected Costs Start 4/1/2005
64.9 Waiver Form	Title XIX	\$ 282,922,107.97	\$ 292,252,013.08	\$ 302,118,656.86	\$ 312,100,340.64
64.21U Waiver Form	SCHIP	\$ 21,045,388.72	\$ 22,078,136.96	\$ 22,977,388.83	\$ 23,763,173.57
64.10 Waiver Form/21 Waiver Form		\$ 7,733,046.54	\$ 7,994,630.91	\$ 8,267,521.09	\$ 8,541,188.12

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## Quarterly CMS Targets for RO Cost-Effectiveness Monitoring

## State of Ohio

Projection for Upcoming Waiver Period

Worksheet for RO PMPM Cost-Effectiveness Monitoring

Projected Year 1 - July 1, 2003 - June 30, 2004

Waiver Form	Medicaid Eligibility Group (MEG)	State Completion Section - For Waiver Submission	
		P1 Projected PMPM From Column I (services)	
		From Column G (Administration)	
64.9 Waiver Form	Title XIX	\$	186.33
64.21U Waiver Form	SCHIP	\$	117.80
64.10 Waiver Form/21 Waiver Form	All MEGS	\$	4.57

Projected Year 1 - July 1, 2003 - June 30, 2004

Waiver Form	Medicaid Eligibility Group (MEG)	RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring		
		Q1 Quarterly Actual Costs			Q2 Quarterly Actual Costs			Q3 Quarterly Actual Costs			Q4 Quarterly Actual Costs		
		Member Months Actuals Start 7/1/2003	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals Start 10/1/2003	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals Start 1/1/2004	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals Start 4/1/2004	Actual Aggregate Waiver Form Costs	Actual PMPM Costs
64.9 Waiver Form	Title XIX			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.21U Waiver Form	SCHIP			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.10 Waiver Form/21 Waiver Form	All MEGS			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

Projected Year 2 - July 1, 2004 - June 30, 2005

Waiver Form	Medicaid Eligibility Group (MEG)	State Completion Section - For Waiver Submission	
		P1 Projected PMPM From Column I (services)	
		From Column G (Administration)	
64.9 Waiver Form	Title XIX	\$	194.93
64.21U Waiver Form	SCHIP	\$	123.23
64.10 Waiver Form/21 Waiver Form	All MEGS	\$	4.76

Projected Year 2 - July 1, 2004 - June 30, 2005

Waiver Form	Medicaid Eligibility Group (MEG)	RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring		
		Q5 Quarterly Actual Costs			Q6 Quarterly Actual Costs			Q7 Quarterly Actual Costs			Q8 Quarterly Actual Costs		
		Member Months Actuals Start 7/1/2004	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals Start 10/1/2004	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals Start 1/1/2005	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals Start 4/1/2005	Actual Aggregate Waiver Form Costs	Actual PMPM Costs
64.9 Waiver Form	Title XIX			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.21U Waiver Form	SCHIP			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.10 Waiver Form/21 Waiver Form	All MEGS			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

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Cost Effectiveness Summary Sheet Conversion Renewal State of Ohio									
Medicaid Eligibility Group (MEG)	Base Year Member Months	Base Year Per Member Per Month (PMPM) Costs							
		BY PMPM State Plan Service Costs	BY PMPM Incentive Costs	BY PMPM 1915(b)(3) Service Costs	BY PMPM Administration Costs	BY PMPM Total Actual Waiver Costs			
Title XIX	3,656,614	\$ 170.68	\$ -	\$ -	\$ 4.45	\$ 175.14			
SCHIP	375,760	\$ 107.91	\$ -	\$ -	\$ 2.11	\$ 110.02			
Total	4,032,374								
BY Overall PMPM for BY (BY MMs)		\$ 164.83	\$ -	\$ -	\$ 4.23	\$ 169.07			
Total Base Year Expenditures						\$681,746,399			
Medicaid Eligibility Group (MEG)	Projected Year 1 Member Months (P1)	P1 Projected PMPM Costs (Totals weighted on Projected Year 1 Member Months)						Overall BY to P1 Change (annual)	
		P1 PMPM State Plan Service Cost Projection	P1 PMPM Incentive Cost Projection	P1 PMPM 1915(b)(3) Service Cost Projection	P1 PMPM Administration Cost Projection	P1 PMPM Projected Waiver Costs			
Title XIX	5,298,996	\$ 186.33	\$ -	\$ -	\$ 4.83	\$ 191.17	4.5%		
SCHIP	611,126	\$ 117.80	\$ -	\$ -	\$ 2.29	\$ 120.09	4.5%		
Total	5,910,122								
P1 Weighted Average PMPM Casemix for BY (BY MMs)		\$ 179.95	\$ -	\$ -	\$ 4.60	\$ 184.54	4.5%		
P1 Weighted Average PMPM Casemix for P1 (P1 MMs)		\$ 179.25	\$ -	\$ -	\$ 4.57	\$ 183.82	4.3%		
Total Projected Waiver Expenditures P1 including casemix						\$1,086,373,823			
Medicaid Eligibility Group (MEG)	Projected Year 2 Member Months (P2)	P2 Projected PMPM Costs (Totals weighted on Projected Year 2 Member Months)						Overall P1 to P2 Change (annual)	
		P2 PMPM State Plan Service Cost Projection	P2 PMPM Incentive Cost Projection	P2 PMPM 1915(b)(3) Service Cost Projection	P2 PMPM Administration Cost Projection	P2 PMPM Projected Waiver Costs			
Title XIX	6,101,738	\$ 194.93	\$ -	\$ -	\$ 5.05	\$ 199.97	4.6%		
SCHIP	729,211	\$ 123.23	\$ -	\$ -	\$ 2.39	\$ 125.63	4.6%		
Total	6,830,949								
P2 Weighted Average PMPM Casemix for BY (BY MMs)		\$ 188.25	\$ -	\$ -	\$ 4.80	\$ 193.05	4.6%		
P2 Weighted Average PMPM Casemix for P2 (P2 MMs)		\$ 187.27	\$ -	\$ -	\$ 4.76	\$ 192.04	4.5%		
Total Projected Waiver Expenditures P2 including casemix						\$1,311,793,593			
Medicaid Eligibility Group (MEG)	Projected Year 1 and 2 Member Months (P1 +P2)							Overall BY to P2 Change (annualized)	
Title XIX	11,400,734							4.5%	
SCHIP	1,340,337							4.5%	
Total	12,741,071								
P2 Weighted Average PMPM Casemix for BY (BY MMs)								4.5%	
P2 Weighted Average PMPM Casemix for P2 (P2 MMs)								4.3%	
Total Projected Waiver Expenditures P2 + P1 including casemix								\$2,398,167,416	